Group Health Cooperative HMO

Group Health Cooperative of South Central Wisconsin

FAMILY MEDICINE

What We Are

Group Health Cooperative (GHC) is a not-for-profit, federally qualified, consumer-sponsored health maintenance organization. We are also Madison's first HMO founded in 1972. We have earned *Excellent* Accreditation from the National Committee for Quality Assurance, the highest level of Accreditation possible. GHC emphasizes a family practice style of medicine with an emphasis on preventive care.

Where We Are

A GHC subscriber and family members may choose one of the following provider networks for primary health care services:

GHC Clinics

Capitol Clinic 675 W. Washington Avenue Madison, WI

De Forest Clinic 210 North Main Street De Forest, WI

East Clinic 5249 E. Terrace Drive Madison, WI

Sauk Trails Clinic 8202 Excelsior Drive Madison, WI

UW Health - Community Clinics

Cottage Grove Community Clinic 500 Westlawn Drive Cottage Grove, WI

Mazomanie Community Clinic 704 Emily Road Mazomanie, WI

UW Health-Stoughton 100 Silverado Drive Stoughton, WI

UW Family Medicine Clinics

Belleville Family Medical Clinic 21 South Vine Street Belleville, WI

Northeast Family Medical Center 3209 Dryden Drive Madison, WI

UW Research Park Family Medicine Clinic 621 Science Drive Madison, WI

Verona Family Medical Clinic 100 North Nine Mound Road Verona, WI

Wingra Family Medical Center 701 Dane Street Madison, WI

What Advantages We Offer

- Prescription Drug Coverage with no co-payments
- Family Practice Doctors dedicated only to GHC members
- Preventive Dental Coverage
- No claim forms
- Specialty care is provided by referral at UW Health -Hospital and Clinics, UW Health - Physicians Plus, and Meriter Hospital
- Inpatient care provided by University of Wisconsin Hospital, St. Marys Hospital, Meriter Hospital, or Stoughton Hospital
- Wellness Programs, including nutrition, relaxation, tobacco cessation, and fitness center discounts
- Spanish-speaking member liaison to assist members with appointment scheduling and interpreter services.
- Member-friendly website offering information on providers, health education classes, Member E-services, and more.
 Visit us at www.ghc-hmo.com.

Exclusions and Limitations

- Conditions covered by Worker's Compensation or Occupational Disease Laws
- Services which are provided by any federal, state or local government agency without charge to the beneficiary
- Service required as a result of war or while serving in the Armed Forces
- Services provided by a physician or hospital without the order, referral or concurrence of a Plan physician, except for care received in an emergency
- Transportation, except medically necessary ambulance services
- Custodial care
- Blood, except that processing and administration are covered
- Experimental surgery and treatment
- Cosmetic procedures
- Sex change operations
- In vitro fertilization, GIFT
- Reversal of voluntarily induced sterility
- Dental services, except those specified in the Contract
- Services while incarcerated
- Family Planning and Infertility Services limited to specified services
- Surrogate maternity services
- Autologous blood transfusions

See Subscriber Certificate for more information.

Formulary

GHC providers follow a prescription drug formulary developed by the GHC Formulary Committee. It is the provider's responsibility for requesting a nonformulary drug.

For more information on all providers and clinic locations, please access our website at http://www.ghc-hmo.com

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SERVICES	GHC PAYS	LIMITATIONS
Physician	100%	Members use Plan providers. (12 locations now available.)
Hospital	100%	Semi-private rooms; private if necessary.
Laboratory & X-rays	100%	Unless specially authorized, all services are obtained from primary care clinic.
Drugs & Biologicals	100%	Full Coverage at participating pharmacies. (Some infertility drug limitations.)
Mental Health	100%	Inpatient: 30 days per year Outpatient: \$1,800* in billed services per calendar year Members use Plan providers Transitional treatment services: first \$2,700* (combined with AODA)
Alcohol & Drug Abuse Care	100%	Inpatient: 30 days per calendar year Outpatient: 1,200 minutes per calendar year Transitional treatment services: first \$2,700
Emergency and Out-of-Area Care	100%	Medically necessary services and treatment of sudden and unexpected illness and accident, both in and out of service area, ANYWHERE IN THE WORLD. GHC-affiliated physicians are on call 24 hours a day, 7 days a week, including holidays.
Extended Care Facility	100%	90 days of skilled nursing care per calendar year.
Vision Care	100%	Full vision exam annually.
Prescribed Medical Services/Supplies	100%	Approved items covered when supplied by GHC or referral specialists with prior approval from GHC.
Transplants	100%	Transplant coverage includes kidney, cornea, bone marrow, and liver for children with biliary atresia. Excludes autologous bone marrow.
Chiropractic Care	100%	Chiropractic services must be furnished by staff providers.
Ambulance	100%	When medically necessary, air and ground services covered.

^{*}Due to the Mental Health Parity Act, dollar limits have been temporarily suspended for 2002.

DITIO NAL 囯 **SERVICES GHC PAYS LIMITATIONS** One hearing aid every 36 months as necessary. Hearing Aids 100% 100% When coordinated and authorized by Primary Care physician. Hospice Lens Benefit 100% Single vision clear eyeglass lenses or a \$50 credit toward bifocal or trifocal eyeglass lenses, when frames are purchased from a GHC Eye Care Center. One time \$50 contact lens benefit when purchased as part of a "new fit" package. 100% Full payment for approved procedures. \$1,000 maximum for repair of accidental Oral Surgery injury to sound and natural teeth. 100% Preventive Dental Care: Cleaning and fluoride treatments twice a year. No charge Preventive Dental at GHC dental group; 50% reimbursement at other providers.

From Our Family To Yours

These pages are designed to highlight the principal benefits of Group Health Cooperative and to invite a comparison with your present health coverage. For a complete description of the GHC Plan, please refer to the Subscriber Certificate.

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